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University of Pennsylvania.

A Dissertation on
Measles;
for the degree of
Doctor of Medicine.

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A specimen in
Mentzel;
for the purpose of
determining the
value of the same

An Inaugural Dissertation &c.

There is no subject which more perplexes the medical student at the closing period of his studies than the choice of a proper topic for his inaugural thesis. Feeling a laudable wish to enter on the business of his profession with respectability, if not with some degree of reputation, he is anxious to introduce into his inaugural essay something, the novelty of which may prove, an active and original intellect. He is averse to travelling the same dull road of common observation and detail which has been trod by thousands before him, without pointing out some object of interest and importance unnoticed by his predecessors. He would enliven the description of morbid symptoms with the fanciful ornaments of rhetoric, and steal from the palace of imagination some beautiful illustrations of his subject; but the utmost

utmost simplicity of language is the best vehicle for medical truth, and it were a monstrous incongruity to combine the refinements of poetic fiction, with the humble and severe account of practical directions. Besides, the years of medical pupillage are not devoted to the framing of beautiful theories, or the performance of such series of experiments as may tend to the development of new and interesting discoveries; the medical student, however diligently he may have applied himself to study, can do little more than lay a foundation of solid principles on which he may erect his future usefulness and fame; and all that can be reasonably expected in his inaugural dissertation is, that he should give sufficient proof that he has remembered what he has heard and read.

The author of the ensuing pages has nothing new to offer his reader. The greater part of his medical knowledge he owes to lectures

lectures and to books, and to these he must be indebted for the materials of this essay. He has chosen his subject, not because it presented any peculiar advantages, but because it will answer his purpose as well as any other, and to compensate his reader for the tedium of going over ground with which he must be so well acquainted, the journey shall be rendered as short as possible.

The object of the following sheets is to give a succinct account of measles.

Cullen defines this disease to be, a contagious synocha, accompanied by sneezing, a flux of the lachrymal humours, and a hoarse, dry cough. On the fourth day, or a little later, small red specks appear on the body, which hardly rise above its surface, and which at the end of three days go off in brow like scales. This, on the whole is a good definition; what is defective in it will be noticed in the course of our remarks.

Of this

Irregular incisions not
deft from Scarlet & Angina

Of this affection, as of the greater number of diseases to which the human body is liable, several varieties have been pointed out. To enumerate these were an unnecessary task, as there can be little difficulty in deciding on the treatment proper for each particular case, when the general method of cure is known. Measles has been divided into the regular and irregular forms of the disease, but I believe it will be found that on a careful inspection of the symptoms which are said to characterize irregular measles, there can be little foundation for the opinion that this affection is at all different from the *Scarlatina Anginosa*.

In treating our subject we shall begin with the general symptoms of Measles, and afterwards distinguish the diagnostic and prognostic signs.

About the eleventh day after having been exposed to the cause of the disease, the patient is attacked by frequent chills, succeeded by heat.

The disease

The disease, according to Professor Barton, is seldom, if ever, ushered in by a strong chill. From the beginning the patient is troubled with a dry, hoarse cough, and complains of heavings of the head and eyes. Pains of the loins, flushing of the face, and difficult respiration are almost always attendants, together with a thin discharge from the eyes and nose as in *coriza*. There is sometimes a discharge of blood from the nose. The patient complains of thirst, and is often affected by nausea, and sometimes vomits. The matter thrown up is generally of a bilious nature. The tongue is usually white and moist. A great disposition to sleep almost always attends the eruptive fever of measles, and delirium not unfrequently. The skin is usually dry, and the pulse quick and tense. The eyes are limpid, inflamed and watery.

Towards the end of the second, or beginning of the third day, (and here Cullen's definition is defective) the eruption makes its appearance. It generally begins on the face in small red points which

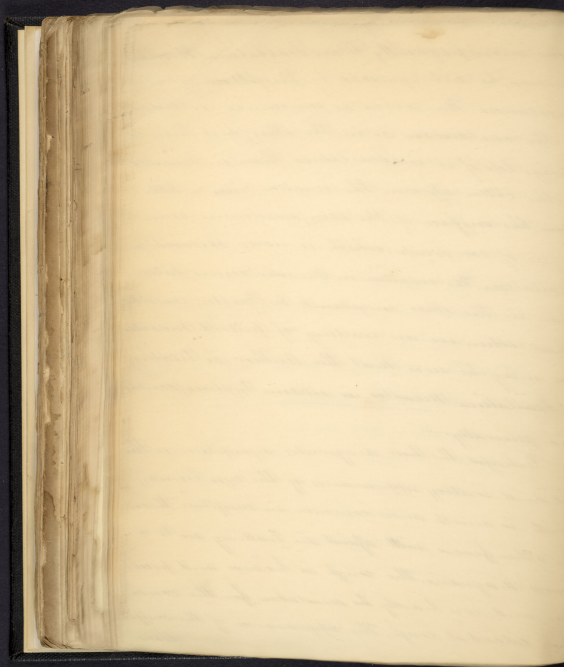
which have been compared to flea bites, and extends from thence over the rest of the body. The eruption is thicker in some places than in others, forming clusters or blotches. In a day or two the eruptive spots assume a brownish hue, and about the eighth day from the commencement of the complaint generally disappear, leaving a whitish appearance over the body, occasioned by the death of the scarf skin. This last process is termed desquamation; it commonly begins in the face with an itching.

After the appearance of the eruption in very mild cases the febrile symptoms suffer a considerable remission; but in general the fever does not go off till the period of desquamation, and if it continue beyond this, as is sometimes the case, the cough seldom fails to keep pace with it. Blood drawn at any period of the disease exhibits the inflammatory crust.

Diagnostic signs. Measles has been confounded with several other complaints, and with
none

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none more frequently than Scarlatina. It may,
however, be distinguished by the following cir-
cumstances. The Coryza is sometimes as distinct
in the one disease as in the other, but there is
always less of it in Scarlatina than in Measles.
In the latter affection the eruption rises a little
above the surface of the skin, occasioning some
degree of roughness, which is never observed in
Scarlatina. The eruption in Measles occurs later
than in the other complaint. Dr Barton remarks
that when we are reading of putrid Measles,
we may be sure that the Author is treating
of Scarlatina. Measles is seldom typhus, scarlati-
nia generally.

Perhaps the best diagnostic symptom is the
red and watery appearance of the eye-balls,
which is much more common in eruption than
in other fevers, will assist in leading us to a
correct diagnosis. The cough is hoarse and pecu-
liar, and can hardly be mistaken for the con-
mon catarrhal cough. The appearance of the erup-
tion



tion decides at once the nature of the affection, and as the symptoms which precede it, are such as are common to the majority of phlegmasian diseases, there can be little danger of error in their treatment.

Prognostic signs. The favourable symptoms are, a moist skin while the eruption is coming out; copious expectoration after a dry cough; vomiting, which however must not be long continued, occurring after a full eruption; an early and free desquamation, leaving the patient entirely without fever; a mild diarrhoea; a moist skin; and sudoresis in the decline of the disease, and a pulse not very tense.

The unfavourable signs are, a pulse very hard and frequent, laborious breathing, a hot, parched skin, severe pain in the back preceding the eruption, the eruption remaining red longer than usual, or assuming a livid or black colour; the cough and fever remaining after the period of desquamation; the return of coma after the eruption; Delirium

Penetration

Catherine

Relivium, spasms of the limbs, profuse sweats,
subcutaneous tenderness.

~ Of the treatment of Measles. As measles has a great tendency to form congestions and inflammation in the lungs, it may be supposed that our first and most important remedy is venesection. Great disputes have arisen whether it ought to be employed in the beginning of the complaint, but experience has proved that it is equally efficacious in all the stages of the disease, though as the more dangerous symptoms generally occur after the eruption, bleeding may not be required till then. We may frequently draw blood in Measles as profusely, according to Professor Boisson, as in common pneumonia. The state of the pulse and general condition of the patient's constitution will usually give us correct indications of the propriety of employing the lancet.

Cathartics are very important medicines in Measles. They should be of the mild and refrigerating

Blisters to Bernum

Amphiploes the Regina

erating kind, strong purges being seldom if ever required. A combination of the salt of tartar and cream of tartar was a favorite purge in this complaint of my preceptor the late Dr. Keene. These medicines combined act more powerfully than either separately. Cathartics are useful in Measles by abstracting excitement, particularly from the head where it is very apt to accumulate.

I have in two or three cases seen the best effects result from the application of blisters over the sternum, and Dr. Barton remarks that they are as important in Measles as in pneumonia. They are exceedingly useful in allaying irritation in the lungs.

On account of the very inflammatory nature of Measles, the antiphlogistic regimen should be strictly enjoined. The patient's diet ought to consist entirely of vegetables as rice, arrow root, sago &c. Milk has been recommended in this complaint, but as it contains much

lost but not cold are

much nourishment and has a tendency to increase the febrile symptoms, I should be averse to the employment of it. The drinker ought to be of the kind we call diluent, as barley water impregnated with some vegetable ~~tincture~~ ^{syrup}, and tamarind water &c, and should be plentifully taken.

The analogy of measles to the small pox induced practitioners to suppose cold air as useful in the one as in the other disease. The danger which would result from the sudden disappearance of the eruption compels me to say that I should employ cold as a very precarious remedy. The patient, however, should have the advantage of cool air, and with this view, if agreeable to his own feelings, ought not to be confined to bed.

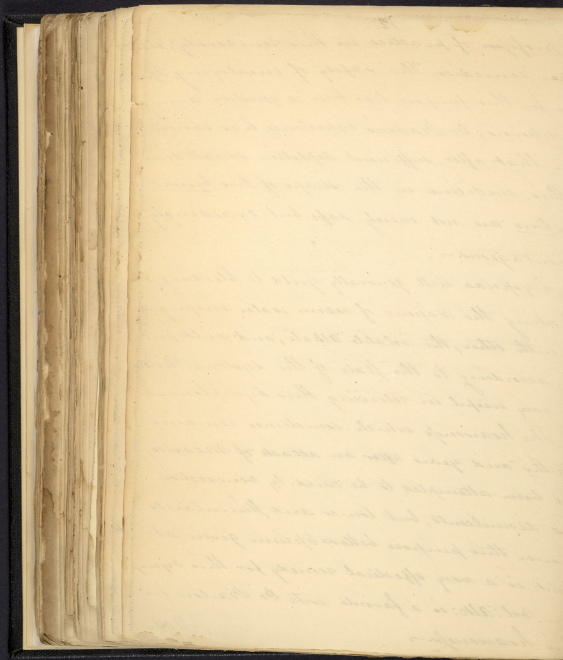
To allay the cough which is a most troublesome symptom in this disease, Mullein tea, or a tea made from the flowers of the Linden tree which is particularly recommended by the

the professor of practice in this University, his proper remedies. The safety of employing Opium for this purpose has been a question among practitioners; Dr Prouton's experience has shown him that after sufficient depletion small doses of this medicine in the shape of his brown mixture are not merely safe but exceedingly advantageous.

Dyspnoea will generally yield to bleeding, or inhaling the vapour of warm water impregnated with ether, the volatile alkali, and mild purges, according to the state of the system. Bleedings are very useful in relieving this symptom.

The hoarseness which sometimes remains months and years after an attack of Measles, has been attempted to be cured by caustics and demulcents, but tonics and stimulants answer this purpose better. Opium given at night is a very effectual remedy for this symptom. Col. Alt. is a favorite with Dr Prouton in this hoarseness.

Mis:



Miscellaneous Remarks.

Measles certainly depends on specific contagion as it affects persons but once in their lives. The disease does not appear in less than six or eight days after exposure to the contagion. A certain predisposition seems necessary, according to Dr Branton, before the disease can be taken, for that gentleman has observed the affection seize three children in the same house and pass by a fourth, who, nevertheless, ^{has had} ~~shall have~~ the disease at some future period.

The complaint is most common about the middle of winter, but Dr Branton has known the disease epidemic at all seasons of the year in this city. It is most disposed to affect children, but adults are liable to it.

The disease is most violent in plethoric and scrupulous habits, and is very apt to call into action any scrupulous taint that may be lurking in the system. Measles differs from small pox

M. not dangerous to pregnant women

Wm. W. Lawrence

pop in not being dangerous to pregnant women.

Professor Barton observes that children are particularly ~~to~~ liable to cholera infantum during the summer succeeding an attack of measles; and that adults who have had the disease in the spring are more than usual obnoxious to dysentery. He remarks farther that infants before the eruption are sometimes attacked by convulsions, which, however, are not dangerous, and readily yield to cool air, laudanum, and mild sinapisms.

There is a variety of measles unaccompanied by catarrh, which is important to be remembered because the patient will still be liable to the true disease at some future period.

Dr House of Edinburgh was the first person who attempted to communicate the disease by inoculation; the experiment succeeded,

needed, and Dr. Home declares that in those persons who received the disease in this way the fever occurred earlier, the symptoms were milder, and no affection of the lungs remained after it. Inoculating for the Measles is now seldom if ever practised. Dr. Watson jokingly proposes calling this process rubeculating, which is a term certainly proposing a great deal more meaning than many of the current expressions in the different departments of medicine.

The preceding remarks contain, I believe, an account of Measles sufficiently accurate to enable a practitioner to distinguish and cure the disease. To say that in this account there are no errors, would be the language of ignorance and presumption; but I may hope that these errors are not of the first magnitude, and will be noticed by the

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more enlightened reader with that tenderness
 which the inexperienced student will al-
 ways be sure of from the candid and
 liberal professor.

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